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February 28, 2020

Lisa Durette, MD, DFAPA, DFAACAP
State of Nevada Commission on Behavioral Health
4600 Kietzke Lane, Suite A-107
Reno NV 89502

Dear Dr. Durette,

Thank you for your letter. We here at Willow Springs Center are committed to providing quality care to all the individuals we serve. The feedback you provided us was very helpful and a support to us in all our efforts toward performance improvement and the promotion of an environment of safety and connection for all the patients, staff, and other individuals who work and seek treatment from us.

Your letter dated February 10, 2020 expressed four different concerns. Below are some active steps that are a part of our internal Performance Improvement Program, others that we have taken to address immediately, and others that we will address in the near future.

1. **“Thorazine is being used before alternative intervention techniques have been tried. Other medications might be more appropriate for the treatment of children, especially the younger children.”**
 - The medical staff at Willow Springs Center was required to attend a mandatory in-service on 02/26/2020 to review current literature, and hospital practice surrounding PRN medication utilization within the facility. Education was provided regarding the indication for use of emergency medications. The psychiatrists were informed that emergency medications should be given only after determination that less restrictive interventions have been attempted and failed.
 - In an effort to ensure physician oversight and involvement in Seclusion and Restraint practices, a training is scheduled for all psychiatrists who work at Willow Springs Center to attend Handle with Care and Verbal De-escalation training in May 2020.
 - Nursing and psychiatrists were re-educated on the utilization of appropriate and effective communication (SBAR) when nurse to physicians interactions occur. The date for the re-education is during a mandatory nursing meeting led by the Director of Nursing the first week of March 2020. The psychiatrists were educated regarding this policy during the medical staff meeting on 2/26/2020.

- As part of our Performance Improvement Program, case consultations occur twice a month, every other Wednesday. This meeting is utilized to evaluate patients that are exhibiting behavioral challenges within the facility. Members involved in the meetings include the Director of Clinical Services, Chief Medical Officer, Director of Nursing, Director of Risk, Director of Milieu Management, Chief Clinical Officer, attending psychiatrists, and assigned clinicians. Psychiatrist peer review occurs at minimum every month, with increased frequency at the discretion of the Chief Medical Officer. During this meeting, the medical record is reviewed by psychiatrists to evaluate the core competency of the attending psychiatrist and the management of the patient.
 - The quarterly Pharmacy and Therapeutics Committee reviews the medication utilization process. The Pharmacy Director tracks and reports on the usage of STAT medications, PRN medications, and IM medications during the quarterly meeting.
 - The treatment team at Willow Springs Center convenes weekly with the psychiatrists, therapists, teachers, milieu staff, and nursing. In addition to routine treatment team, and as necessary, an additional intensive staffing will occur in order to identify strategies to be used with patients who exhibit challenging behaviors within our facility.
2. **“We question why medications administered during these events are not being documented on the Seclusion/Restraint form as Chemical Restraints.”**
- Willow Springs Center updated its Seclusion and Restraint Policy on 2/25/2020 to reflect that Chemical Restraints are an option at Willow Springs Center. In the event that a chemical restraint is utilized, it will be transcribed on the Chemical Restraint section on the state form effective immediately. Staff retraining regarding the updated policy change will be provided to all nurses by the Director of Nursing during their mandatory monthly meeting the first week of March.
3. **“Many forms do not document the plan to prevent future events. Also, many youth have multiple events, but no changes are shown to a plan that doesn’t seem to be working.”**
- Willow Springs Center utilizes a de-escalation and restraint program called Handle with Care, and trains every staff member working directly with patients within our hospital. We also provide six month refreshers to all staff, which is double the program requirement, in order to offer the best possible support and care.
 - Education will be provided to the nursing staff completing the packet to provide detailed information regarding the incident that warranted restrictive interventions under the “plan to prevent further events” located on page two of the state form. The education will be provided by the Director of Nursing in their mandatory meeting held the first week of March 2020. The nursing staff will provide all information regarding the precipitating event and interventions utilized prior to a restraint, such as, verbal de-escalation, working through the intervention model, and any behavioral intervention plans that will be created or updated in response to the behavior.

- Monthly treatment team reviews are taking place where clinicians, medical staff, and floor staff review each patient and alter treatment team plans according to patient behavior. The treatment team meetings are every Wednesday, and discuss a different unit every week. This monthly treatment team is utilized for all patients, regardless of behavioral issues.
 - The medical staff is utilizing case consultations twice per month to evaluate patients that are exhibiting behavioral challenges within the facility.

 - The treatment team at Willow Springs Center convenes weekly with the psychiatrists and performs intensive staffing to identify strategies to be used with patients who exhibit challenging behaviors within our facility. This weekly treatment team meeting is specific for patients who display continuous behavioral issues throughout the previous week.

 - Willow Springs Center, with the support of UHS Corporate Directors have convened a Restraint Reduction Committee that meets every Wednesday to review restrictive interventions that have occurred and develop strategies to reduce the need for restrictive interventions. The team is made up of the Chief Executive Officer, Chief Medical Officer, Director of Nursing, Director of Clinical Services, Director of Milieu Management, Director of Risk, Milieu Managers, Chief Clinical Officer, and Clinical Training Manager. As a result of recommendations by this committee and actions in the milieu, during the past five months we've been able to reduce the amount of monthly restraints by almost 50% and nearly eliminate seclusions.
4. **“Many events indicate that youth are breaking ceiling tiles, ripping out wiring and metal bars, breaking light fixtures, etc., with the intent to self-harm. These safety issues in the environment of care should be addressed.”**
- Willow Springs Center has taken active steps this past year to address the treatment environment. The nursing stations have been enclosed to prevent patients from jumping on the counters and getting into the ceiling, grabbing wires and metal bars. It has also prevented patients from being able to have access to the door going into the medication room and access to other units.

 - Weekly meetings are held by the Program Directors to discuss milieu management support strategies. In attendance are the milieu managers and milieu supervisors who directly manage milieu programming. These weekly meetings also discuss programming ideas/strategies to keep the patients engaged in programming.

 - The fencing around the hospital has been secured. In the past, patients were able to kick through the fence boards causing wood to splinter and access to nails and screws. This has also served as an enforcer in the prevention of patients eloping from our facility.

 - The maintenance department is in continuous rounding and replacement of safety screws to prevent injury to patients.

 - The maintenance department has also worked to replace standard exit signs with tamper proof exit signs. This has prevented patients from being able to break the signs and get plastic, wires, and batteries out from the signs to use as self-harm instruments.

- Light fixtures in the main hallway and units are in process of being replaced to prevent patients from breaking the covers and using as self-harm instruments, and it also prevents patients from being to gain access to the light bulbs.
- Ceiling sprinkler heads in the hospital are in process of being replaced with tamper proof sprinkler heads to prevent patients from gaining access and using the contraband as self-harm instruments.
- Double doors throughout the hospital have been replaced to prevent patients from kicking through the doors and onto unauthorized areas. Currently, six sets of double doors have been replaced. This has enhanced the safety of the milieu.
- Lexan is being placed over windows that are accessible to patients to prevent patients from breaking windows and having access to glass.

As you can see we are making continual efforts to enhance and support the safety and quality care that every patient receives from our hospital. We hope that you find our efforts to be satisfactory in addressing your concerns and in our own effort to make Willow Springs Center an exceptional hospital for our patients and staff. If you require additional information or need further clarification around items addressed above, please feel free to reach out to either Dr. Arlien, or myself, at the numbers and/or emails below. We look forward to meeting with you and your team on March 19th, 2020 at 8:30am.

Respectfully,



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